ESTIMATED TAX FORM DETAILED INSTRUCTIONS ON BACK NORTH DAKOTA DEPARTMENT OF INSURANCE **DEPARTMENT USE ONLY** SFN 11051 (5-2005) NAIC CoCode: Tax Paid: Penalty/Interest: FIRST ESTIMATE - Due 5/30 Company Name: (REQUIRED) **CHECK Box A or B ROUND DOLLARS** 1. Total tax paid for prior year 2. 25% of line 1 Company Address: (REQUIRED) 3. Tax due on 80% basis (from calculations on back) \$ Preparer's Name: 4. Prorated credits: 4a. Examination 800 or Collect Telephone Number: 4b. Ad valorem 4c. CHAND \$ 4d. L & H Guaranty Assc. \$ I declare the statements contained in this form are true and correct 4e. Refund credit * to the best of my knowledge and belief. 5. Total credits (sum of 4a through 4e) Authorized Signature: Date: 6. Tax due (line 2 OR line 3, LESS line 5) NOT LESS

600 East Boulevard Avenue, Dept. 401, Bismarck ND 58505

THAN ZERO

\$

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ESTIMATED TAX F NORTH DAKOTA DEPA		ANCE		DETAILED INSTRUCTIONS ON BACK				
SFN 11051 (5-2005)	NAIC CoCode:			DEPARTMENT USE ONLY				
SECOND ESTIMATE - Due 8/29				Tax Paid:		Penalty/Interest:		
Company Name: (REQUIRED)		Α	CHECK Bo	ox A or B ROU		ROUND D	ND DOLLARS	
Company Address: (REQUIRED)		_	1. Total tax pai	d for prior year	year \$			
		В	Ψ					
		,	Tax due on 80% basis (from calculations on back) State of the					
Preparer's Name:								
			4a. Examin	Ψ				
800 or Collect Telephone Number:			4b. Ad valo	· - · · ·	\$			
			4c. CHANE		\$			
I declare the statements contained in this form are true and correct		1		Suaranty Assc.	\$			
to the best of my knowledge and belief.			4e. Refund	credit *	\$			
		1	Total credits	s (sum of 4a through 4e)			\$	
Authorized Signature:	Date:		6. Tax due (lin	ex due (line 2 OR line 3, LESS line 5) NOT LESS		LESS		
		THAN ZERO					\$	

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ESTIMATED TAX FORM NORTH DAKOTA DEPARTMENT OF INSURAN				DETAILED INSTRUCTIONS ON BACK			
SFN 11051 (5-2005)	NAIC CoCode:			D	EPARTMENT USE ONLY		
THIRD ESTIMATE - Due 11/29				Tax Paid:	Penal	ty/Interest:	
Company Name: (REQUIRED)				id for prior year \$		OUND DOLLARS	
Company Address: (REQUIRED)		В	2. 25% of line3. Tax due on 8	x) [\$			
Preparer's Name:			4. Prorated cre 4a. Examin	edits:	, [2		
800 or Collect Telephone Number:			4b. Ad valo)	\$		
I declare the statements contained in this form are true and correct to the best of my knowledge and belief.			4e. Refund	Suaranty Assc. credit * (sum of 4a throug	\$ h 4e)	<u> </u>	
Authorized Signature:	Date:	6. Tax due (line 2 OR line 3, L					
			THAN ZER	0		\$	

SFN 11051 (5-2005) Page 2

Choose Option A - reporting on 25% of previous year's tax paid, OR B - reporting on 80% of actual premiums for quarter. CHECK corresponding box.

- 1. If you choose Option A, enter total from line 16 of prior year's Reconciled Tax Statement.
- 2. Enter 25% of line 1 if reporting under Option A.
- 3. If you choose Option B, complete Table below. Enter amount of Table line 6, column 4. (If more detail is used to figure Table line 5, attach specifics.)
- 4. Enter 25% of each applicable credit for lines 4a-4d. *Attach credit voucher from Department allowing credit for line 4e.
- 5. Enter total of lines 4a-4e.
- If you chose Option A, enter total of line 2 less line 5. If you chose Option B, enter total of line 3 less line 5. CANNOT BE LESS THAN ZERO.

ALL COMPANIES MUST FILE A QUARTERLY AND RECONCILED TAX STATEMENT WHETHER OR NOT A TAX IS OWED. No payment is required until the final quarter when the tax is reconciled if the estimated tax is less than \$25. <u>Failure of a company to file each estimated tax statement and make all applicable payments based on Option A or B shall subject the company to the penalties pursuant to ND Century Code Section 26.1-03-17(3).</u>

	ROUND TO WHOLE DOLLARS				
If reporting under Option B, complete following Table - PLEASE TYPE	A&H (1)	LIFE (2)	P&C (3)	TOTAL (4)	
1. Premiums, assessments, membership, subscriber and policy fees and					
finance and service charges LESS return premium, refunds, and abatements.					
2. Dividends paid to policyholders or used in reduction of premiums					
3. Line 1 less line 2 X 80%					
4. Line 3 X ND tax rate (A&H-1.75%) (Life-2%) (P&C-1.75%)					
5. Line 3 X domestic state tax rate, A&H% Life% P&C%					
6. In columns 1-3, enter the GREATER of line 4 or 5.					
In column 4, enter the total of columns 1-3.					

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Choose Option A - reporting on 25% of previous year's tax paid, OR B - reporting on 80% of actual premiums for quarter. CHECK corresponding box.

- 1. If you choose Option A, enter total from line 16 of prior year's Reconciled Tax Statement.
- 2. Enter 25% of line 1 if reporting under Option A.
- If you choose Option B, complete Table below. Enter amount of Table line 6, column 4. (If more detail is used to figure Table line 5, attach specifics.)
- 4. Enter 25% of each applicable credit for lines 4a-4d. *Attach credit voucher from Department allowing credit for line 4e.
- 5. Enter total of lines 4a-4e.
- If you chose Option A, enter total of line 2 less line 5. If you chose Option B, enter total of line 3 less line 5. CANNOT BE LESS THAN ZERO.

ALL COMPANIES MUST FILE A QUARTERLY AND RECONCILED TAX STATEMENT WHETHER OR NOT A TAX IS OWED. No payment is required until the final quarter when the tax is reconciled if the estimated tax is less than \$25. <u>Failure of a company to file each estimated tax statement and make all applicable payments based on Option A or B shall subject the company to the penalties pursuant to ND Century Code Section 26.1-03-17(3).</u>

ROUND TO WHOLE DOLLARS				
A&H (1)	LIFE (2)	P&C (3)	TOTAL (4)	
	A&H (1)	A&H LIFE	A&H LIFE P&C	

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Choose Option A - reporting on 25% of previous year's tax paid, OR B - reporting on 80% of actual premiums for quarter. CHECK corresponding box.

- 1. If you choose Option A, enter total from line 16 of prior year's Reconciled Tax Statement.
- Enter 25% of line 1 if reporting under Option A.
- 3. If you choose Option B, complete Table below. Enter amount of Table line 6, column 4. (If more detail is used to figure Table line 5, attach specifics.)
- Enter 25% of each applicable credit for lines 4a-4d. *Attach credit voucher from Department allowing credit for line 4e.
- 5. Enter total of lines 4a-4e.
- 6. If you chose Option A, enter total of line 2 less line 5. If you chose Option B, enter total of line 3 less line 5. CANNOT BE LESS THAN ZERO.

ALL COMPANIES MUST FILE A QUARTERLY AND RECONCILED TAX STATEMENT WHETHER OR NOT A TAX IS OWED. No payment is required until the final quarter when the tax is reconciled if the estimated tax is less than \$25. <u>Failure of a company to file each estimated tax statement and make all applicable payments based on Option A or B shall subject the company to the penalties pursuant to ND Century Code Section 26.1-03-17(3).</u>

	ROUND TO WHOLE DOLLARS			
If reporting under Option B, complete following Table - PLEASE TYPE	A&H (1)	LIFE (2)	P&C (3)	TOTAL (4)
Premiums, assessments, membership, subscriber and policy fees and finance and service charges LESS return premium, refunds, and abatements.				
2. Dividends paid to policyholders or used in reduction of premiums 3. Line 1 less line 2 X 80%				
4. Line 3 X ND tax rate (A&H-1.75%) (Life-2%) (P&C-1.75%) 5. Line 3 X domestic state tax rate, A&H% P&C%				
6. In columns 1-3, enter the GREATER of line 4 or 5.				